



**CHAFEE FOSTER CARE INDEPENDENCE PROGRAM
UNACCOMPANIED REFUGEE MINOR PROGRAM
REQUEST FOR FINANCIAL ASSISTANCE**
N.D. DEPARTMENT OF HUMAN SERVICES
CHILDREN & FAMILY SERVICES
SFN 255 (Rev. 10-2005)

		Date of Application	ID Number
Youth's Name		Age	Date of Birth
Youth's Address	City	State	Zip Code
Social Security Number	Number of Months in Foster Care	Date(s) of Entry	Date(s) of Exit
Chafee General Funds. CFCIP Plan or SPOC Required.			Amount Requested \$
Chafee Room and Board Funds. CFCIP Plan or SPOC Required.			Amount Requested \$
Chafee Education and Training Voucher Funds. ETV Form SFN 252 Required. CFCIP Plan or SPOC Also Required.			Amount Requested \$
Unaccompanied Minor Program			Amount Requested \$

Youth Agrees To:

Coordinator/Case Manager Agrees To:

Expend approved Funds in accordance with plan.	Monitor expenditure of approved CFCIP funds and assist youth with plan. Keep receipt record of expenditures.
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Funds Are To Be Paid To:

Name (First, Middle, Last; or Name of Institution)			
Address	City	State	Zip Code

Signatures

I agree with the plan and authorize the release of this information for implementation of plan.

Youth	Date
Coordinator/Case Manager	Date

FOR DEPARTMENT USE ONLY

Authorized Signature	Date
Cost Center	Total Authorized